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CASES OF GASTRALGIA TREATED BY CENTRAL  
GALVANISM.

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THE terms gastralgia, angina pectoris and cardiac neuralgia, are used somewhat vaguely and indiscriminately. The first term, gastralgia, is applied to neuralgia of the stomach; it may or may not be accompanied by spasm, by pyrosis, heart-burn, flatulency, or other symptoms of dyspepsia. The most distressing accompaniment of the disease is spasm, which sometimes draws up the muscles of the stomach and holds them as if in a vice. In its relation to dyspepsia, gastralgia may precede, accompany or follow it; may create dyspeptic symptoms by the disturbance and debility it excites; may complicate the ordinary agonies of indigestion, or it may come on as a resultant of long-continued dyspepsia. Just as there may be dyspepsia without gastralgia, so there may be gastralgia without dyspepsia. In gastralgia, the pneumogastric is involved, and it is probable that the whole solar plexus may share in the disturbance. The two noteworthy features of gastralgia are intensity of the distress and its periodical character. Dr. Michel Peter, of Paris, has called attention to what he terms diaphragmatic neuralgia; the symptoms of this affection are spontaneous pains at the base of the lung and in the shoulders, increased by pressure; tender points near the anterior insertions of the diaphragm at the seventh, eighth, ninth and tenth ribs (especially marked at the ninth, at the posterior insertion of the last rib and at the lateral portion of the neck beyond the internal head of the sternomastoideus, where the phrenic nerve is superficial, and on the sternum at the level of the second or third intercostal space); tenderness of the second, third, fourth and fifth cervical vertebræ; irradiation of pain to shoulders and neck; and, finally, difficulties of respiration, of mastication, of deglutition and of movement of the left arm.\*

A comparison of these symptoms with the symptoms generally regarded as indicative of intercostal neuralgia, gastralgia, angina pectoris, shows clearly enough the difficulty of establishing the existence of pure and simple diaphragmatic neuralgia; many of the symptoms laid down by Dr. Peter as of diaphragmatic neuralgia are certainly not peculiar to it, for they are found in those cases that are commonly classed as gastralgia, angina pectoris and intercostal neuralgia. The tenderness of the sternum which he speaks of, and also the tenderness of the cervical vertebræ, are found in thousands of patients who never

\* Cincinnati Lancet and Observer, May, 1872.

suffer from neuralgia, as such, in the diaphragm or heart or stomach. It is not unreasonable to believe that such a disorder as diaphragmatic neuralgia, single or uncomplicated, may exist, but it is probable that it usually exists, if at all, as a part or complication of gastralgia or angina pectoris, and we may fairly suppose that neuralgia may pass from the phrenic to the pneumogastric nerve at short notice.

Dr. Anstie has pointed out the relation that exists between asthma and gastralgia and facial neuralgia; reasoning from analogy and from observation, it would appear to be entirely possible that neuralgia of the phrenic nerve might be included in the same family. It is certainly true that a constitution which is liable to suffer from gastralgia is also liable to suffer from facial neuralgia; and it is equally certain that these diseases may, so to speak, interchange at different periods of life, and may take the place of each other. The nervous diathesis may, in early life, manifest itself by facial neuralgia, or sick headache; later, by gastralgia or angina pectoris; and, last of all, develope into asthma. Like all manifestations of the nervous diathesis, these different neuralgias are subject to hereditary laws, and may be handed down, with various modifications, and interchange from generation to generation.

The following cases will illustrate the propositions which have been advanced above:—

CASE I.—*Severe Gastralgia of fourteen years' standing; Periodical Attacks at Night; Rapid and Permanent Cure under Central Galvanization.*—Dr. S. J. H., a physician aged about 36 years, consulted me in the autumn of 1870. For fourteen years he had suffered from attacks of gastralgia of a most violent character; these attacks came on usually at night, while in bed, after midnight, before or about two o'clock; the attacks would last sometimes several hours, and the pain was of the most distressing character. Of the various methods of relief that he had used, alcoholic liquors seemed to be the most efficacious, but the respite they caused was only temporary. The appearance of the patient suggested robust health; nutrition was well maintained and the functions were generally well performed.

Examination gave little information. Disease of the heart had been suspected, but the careful and repeated examinations of Dr. Thayer established the fact that there was no disease of that organ. Tenderness of the epigastrium in one spot sometimes, but not always, existed. My diagnosis was neuralgia, in which the solar plexus had a share. I suggested central galvanization. The patient had previously tried faradization without any benefit. I had little hopes of helping the patient; the persistency and fixity of the symptoms and their periodicity gave an unfavorable prognosis, and only by my urgent solicitations did the doctor allow me to experiment on him.

Treatment by central galvanization was commenced January 3, 1871, and was kept up for two months, two or three times weekly. In less than two weeks, benefit was apparent; the periodicity and violence of the attacks were somewhat modified, and in a month it was evident that the disease would yield more or less permanently to the treatment. Occasional relapses occurred, as always in similar cases, reminders of the former sufferings, showing that the evil spirit was not wholly cast out; but in three months from the time the treatment was commenced, the patient regarded himself as well. Since that time,

he has relapsed but once, and then as a result of bad hygiene, and he was promptly relieved by a few applications. The only question now remaining was, how permanent is this relief? Already, more had been done by central galvanization than by any one or by all other methods of treatment combined; but had electricity so modified the nutrition of the nerves that they would not again return to their abnormal condition? Two years have elapsed; I have frequently met the patient, and he remains well, though constantly engaged in laborious duties.

CASE II.—*Gastralgia of six years' standing, permanently Cured by Central Galvanization and General Faradization.*—Mr. S., aged 28, was referred to me by Dr. Thayer, Nov. 25th, 1871. The patient was a young merchant who had an excellent constitution, and who had never known disease of any kind, by personal experience, until about six months before I saw him. His appearance indicated health, and only his own statement suggested the possibility that he was a sufferer. The attacks of gastralgia were his only symptoms; his appetite was fair, and his sleep was not disturbed by pain; his capacity for muscular or cerebral toil was excellent. The attacks were not so violent or so frequent as in other cases that I had seen, but they were sufficient to greatly annoy and depress the patient; and there was less periodicity than is observed in some cases, and there was more of dull aching than of sharp or acute pain.

Encouraged by my success in far severer cases, I gave the patient a favorable prognosis, and at once began the use of central galvanization alternately with general faradization. Relief was effected during the first week, and, by December 1st, the patient was almost entirely free from pain. Central galvanization seemed to be the more efficacious of the two methods employed; I arrived at this judgment by observing the immediate effects of the treatment the same day that the application was made. The usual relapse occurred, and caused discouragement; but the patient persevered, and by the middle of December—three weeks from the time the treatment began—he was entirely restored, and, up to the date of writing (July 1, 1872), he has remained well.

CASE III.—A medical friend of mine, a gentleman of middle life, had been troubled for a number of weeks with attacks of gastralgia, accompanied with constant dyspeptic symptoms of a most severe character. He had become pale, and had lost considerable flesh. The attacks frequently came on at night, and compelled him to rise and use powerful counter-irritation with mustard or bisulphide of carbon.

In the way of treatment, he had used general faradization, in the application of which method of electrization he was well skilled, and had adopted a rigid system of diet, but without effect.

He consulted me in the fall of 1871, and I at once began to treat him by central galvanization, and with speedy effect. In a few weeks he was entirely cured, and to this day has remained well, save one brief relapse, caused by over-indulgence or exposure. The dyspeptic symptoms, as well as the gastralgic, disappeared.

In the above cases, I have laid much stress on the method of central galvanization, because in all of them it appeared to have such striking effects. I would not by this give the impression that in all such cases the method must be used in its entirety; probably the placing of the

negative pole over the stomach and the positive over the spine might suffice; but, as a rule, in all diseases complicated with debility, I secure a larger reward from the complete method than from a fraction of the method.

If I should judge from my experience up to this date, I should say that the prognosis of gastralgia, under electrical treatment, is better than that of any other form of neuralgia under the same treatment. In the worst forms of facial neuralgia and sciatica, I often find incomplete results or failure; but, thus far, all my cases of gastralgia have recovered.\*

#### A CASE OF MEDULLARY CANCER OF BOTH OVARIES.

By GEORGE HOLMES BIXBY, M.D., Boston.

On February 11, 1873, I was called to see Mrs. P., wife of a physician residing in the vicinity of Boston. The patient was forty-eight years old, a native of Massachusetts, a member of a large family; of long-lived parents, in whose histories there appeared no evidences of hereditary mental or physical disease. Menstruation had been regular since the fourteenth year. She married at twenty-three, and has given birth twice; the first time, two years and six months after marriage; the second, five years after the last. Both children were nursed. She now determined to have no more children. No means were employed to prevent pregnancy; but she acknowledged that she had taken certain precautions. The menses appeared regularly since the last confinement, but had been absent since December, 1872.

Early in the spring of 1872, the husband observed a change in the demeanor and appearance of his wife; and very soon after this, Mrs. P., formerly a bright, cheerful and active woman, became listless, and gradually lost her former vivacity. She soon began to suffer from constipation, gastric irritation, and general malaise, with an entire absence of pain. In usual health, her weight was one hundred and seventy pounds, but at present it was very much less. In July of the present year, she fell heavily upon the sacrum. This accident confined her to the bed ten days, and tended in all respects to aggravate her sufferings. Fearing lest displacement of the uterus might have been caused by the recent fall, a vaginal examination was instituted by the husband, and ante-version diagnosed. December 12, 1872, Dr. Ephraim Cutter, of Woburn, was consulted, with a view to some mechanical treatment, but none was deemed necessary. Later in the month of December, the patient was seen by Prof. D. H. Storer, of Boston, and Dr. Gilman Kimball, of Lowell. The opinions of these gentlemen I did not learn at this time.

The condition of the patient at my first visit was as follows. She was in bed; she appeared of medium stature, with light, sandy complexion, and an unnatural flush of the cheeks. Her neck and shoulders and superior extremities were emaciated. The mammae were atrophied. The abdomen was generally enlarged to the size of pregnancy at the eighth month. The inguinal glands were enlarged. The inferior extremities were emaciated.

\* The general subject of the treatment of neuralgia by electricity is discussed in my article on that subject in the *London Practitioner* for September, 1873. For a description of my method of central galvanization, see *New York Medical Journal*, October 12, 1872.

On palpation, nodules were indistinctly felt in different parts of the abdominal walls. The inguinal glands were indurated. Percussion showed dulness over the lower lobe of both lungs; the liver and spleen appeared of normal size; the abdomen was tympanitic in all parts, more marked in the flanks. On auscultation, the heart-sounds were feeble, but regular; there was obstruction of the respiration in the lower lobe of both lungs.

The external genitals were normal; the vagina was five inches in length, the cervix uteri of normal size. The os was patulous. The uterus was anteverted and fixed; its cavity two and a half inches deep. Douglas's fossa was filled with a mass that extended across the pelvis, posteriorly, and on either side of the uterus. On bi-manual examination, the sound in the uterine cavity, that organ was found firmly bound down to a mass behind. By rectal exploration, the intestine was found constricted; passing beyond the constriction, the finger came in contact with a round, regular mass, the size of a fetal head.

The weight of the patient at this time was one hundred and forty pounds, there having been a loss of thirty pounds within a few months. The constipation and gastric troubles persisted; her appetite was indifferent; her nourishment consisted only of milk and lime-water. The diagnosis was malignant disease of some pelvic organ.

February 25th, I saw the patient again, Dr. Ephraim Cutter, of Woburn, and the husband being present. By a bi-manual examination, I thought I detected deep-seated fluctuation in the growths behind the uterus. I therefore introduced into the same a small exploratory needle; nothing but blood was elicited.

March 31st, the exploratory puncture was again resorted to, with a much larger needle, with the same negative result as on the first occasion. Since the last visit, emaciation had been rapid, and as the fat in the abdominal walls was absorbed, the above-mentioned nodules became more prominent to the feel. I noticed, also, for the first time, decided evidences of fluctuation in the abdominal cavity. I informed the husband that there was no doubt in my mind in regard to the diagnosis, and advised palliative treatment.

After this date, I saw no more of the patient. The husband reports that all the symptoms steadily grew more alarming, and, in addition to her former troubles, there ensued an excessive secretion of the salivary glands. The nature of this secretion was so nauseating that if the least quantity was allowed to pass into the stomach, it was instantly followed by emesis. This condition of things necessitated constant drooling. Dr. Cutter, who saw the patient since my last visit, on May 1st, with the approval of Dr. Kimball, tried the effects of electrolysis.

The following is a report of his proceedings:—

"Applied the constant current from a new form of my own of a stationary carbon and zinc battery, sixteen plates (eight pairs) nine by six inches, each. The carbon electrode, of a pattern peculiar to myself, was pushed three and a half inches into the hard, abnormal tissue in Douglas's fossa. The zinc electrode was a wet sponge, insulated with a glass handle; the latter was applied to the hypogastric region. A current was passed through for seven minutes. No profound effects were produced, not much pain or distress. Electrolysis was resorted to as a tentative thing, with faint hope of success."

The patient sank on the 9th of May, apparently from starvation, for no food was retained during the last few days of her life.

*Autopsy*, by Dr. R. H. Fitz, of Boston, twenty-four hours after death.

Body much emaciated. Rigor mortis slight. Abdomen distended. A tumor, the size of a peach-stone, appeared in the right inguinal region.

Several small tumors, apparently of the size and shape of oyster crackers, were felt through the abdominal walls, apparently on the inner peritoneal surface.

Pericardium contained about an ounce of clear, yellow fluid; the surface of the membrane healthy. Heart flaccid, valves and cavities healthy. Muscular substance dirty red, slightly opaque, friable. Left lung adherent at base. Pleural surface over this portion of the lung of a slate color. Directly beneath, apparently in the thickened pleura, was a bloody fluid. The lower lobe of both lungs œdematous; the apices presented thickened patches of chronic pleurisy, without adhesions. The lungs were moderately emphysematous, throughout "drumy." In each pleural cavity, there were about three ounces of reddish yellow fluid. The diaphragmatic surface on the right side presented numerous sub-pleural nodules, gray and vascular, soft, medullary, of the size of a cherry-stone kernel. Similar nodules occupied a corresponding position in the left side, and beaded lines of like appearance were found in the middle intercostal spaces of the side beneath the pleura. The mammary glands presented nothing abnormal to the touch.

The abdominal cavity contained some four quarts of opaque, red fluid. The entire peritoneal surface was studded with nodules and granules, resembling those beneath the pleura. The great omentum was contracted, adherent to the abdominal parietes, near the umbilicus, and to the loop of small intestines; it was infiltrated with the gray, medullary mass. The spleen was united to the stomach by firm, fibrous adhesions; the organ was small, dark colored, soft; its follicles, indistinct.

Both kidneys were anæmic, their capsules detached. The pelvis of the right kidney was considerably dilated and filled with urine. The organs were pale, somewhat translucent; the cortical tubules indistinctly recognized, apparently not fatty. The liver was small and adherent to neighboring parts. The portal region was filled with masses of malignant disease, which had extended into the substance of the organ in the vicinity. One nodule, the size of a plum, appeared, in which no evidence of fatty or cheesy degeneration was detected. The gall-bladder was healthy. The stomach was small, its mucous membrane thickened and opaque, yellowish white, slightly ecchymosed along the greater curvature, especially at the cardiac portion. A sub-mucous nodule of malignant disease was found near the pyloric orifice, as large as the kernel of a pea-nut, apparently connected with the diseased mass formed of omentum and new formation at the portal fissure. The mesenteric glands and those at the root of this fold were apparently unaltered.

The bladder, uterus, ovaries and rectum formed a compact mass, of the size of an infant's head, entirely filling the pelvis, to the surface of which a coil of small intestine and the cæcum were adherent. On

enucleating this mass, the uterus was found to contain, in the anterior wall, a fibro-myoma, of the size of a bullet; the cavity presented no abnormal appearances. The ovaries were enlarged to the size of small peaches, though adherent to the surrounding structures. On section, they presented an exceedingly soft, reddish-gray and, in parts, grayish yellow, opaque mass, in which were, occasionally, hæmorrhagic patches, and, everywhere, numerous small bloodvessels. The right Fallopian tube was distended to about the diameter of the small intestine, and filled with a clear, yellow fluid. The left was not recognized as such; a careful dissection for the purpose of ascertaining its condition was not made. The rectum pursued a somewhat irregular course through the mass of disease. It was distended very much below the point at which the pressure from the diseased ovaries existed, compressed as it passed through. Sub-mucous nodules existed near the centre of the disease. The mucous membrane was everywhere intact.

On microscopical examination of the new formation, it was found to be made up of a loose, friable, fibrous stroma, containing bloodvessels, and enclosing moderately-sized alveoles, in which were large numbers of cylindrical cells, with large, round nuclei.

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THE Madras correspondent of the *Medical Times and Gazette* of Dec. 20, 1873, writing of the diseases and condition of the patients in the General Hospital there, states that "one thing which strikes a European visitor at first sight is the number of cases which have been treated by native remedies, most of which remedies, so far as I have seen, are either imbecile or cruel; the cruel predominate. There are compounds of irritating shrubs with milky juice, with red pepper, and coarse preparations of copper and mercury, which are recklessly applied for abscesses, tumors, and rheumatism, to discuss the humors; and they are like some brushes which a Frenchman advertised for rheumatism—if they don't take away the pain, they do the skin. One man, for instance, was brought in with a slough over the scrotum, which had gone clean down to the bone. But this is nothing to the damage done to the eye by irritating compounds put into it, sometimes to rouse a patient from lethargy, or coma, or epilepsy, and sometimes to relieve diseases of the eyes by extracting the tears, which is accomplished to perfection. One case I saw of the results of native treatment which was lamentable enough. A poor man had broken his thigh, and, by some recondite sense of fitness, the persons who treat fractures are potters, who apply bamboo splints, and then plaster the limb with clay. The result, in this case, was gangrene of the lower leg, and the poor fellow was brought in with the tibia and fibula perfectly denuded of flesh, and the calf rotted away nearly up to the knee." Amputation was performed, but the patient was carried off by tetanus within a few days.

The magnitude which the diseases attain is remarkable, owing to the reluctance of the native inhabitants to come under European treatment, and to the time wasted in native treatment. "Tumors of such sizes, and strictures so complicated with fistulæ, are not to be seen in Europe. The prevalent diseases among the natives are phthisis and Bright's disease. This may perhaps stagger some of our brethren at home, who are in the habit of considering a warm climate—and most justly—as a panacea in pulmonary and renal disease."

## Progress in Medicine.

### REPORT ON ANATOMY.

By THOMAS DWIGHT, JR., M.D.

#### OSTEOLOGY.

*The Position and Direction of the Foramen Magnum* have long been recognized as of great importance in the comparative study of human and animal heads. Daubenton, who called attention to it in 1764, appreciated that the direction of the foramen magnum depended upon its position, that as in lower types it was situated further back, it also became more nearly vertical. In order to determine the direction of the line running from the front to the back of the foramen, it was evidently necessary to measure the angle it forms with some fixed line; and for this Daubenton chose one passing from the posterior border of the foramen to the lower border of the orbit, assuming it to be projected on the same plane as the other. The angle thus formed is still known as Daubenton's. Broca has lately gone into this subject in the *Revue d'Anthropologie* (vol. ii. No. 2, 1873), and, after pointing out some defects of Daubenton's system, has introduced some modifications which deserve mention in detail. Daubenton had apparently overlooked the fact that, though the line of the foramen usually fell below the other, it sometimes passed above it, in which case it would be necessary to put the sign minus (-) before the number indicating the angle; but, apart from this and from the practical difficulty of applying his method, it is unphilosophical, in measurements of the cranium, to take for a starting point a line which depends upon the formation of the face. Moreover, the direction of this (supposed) fixed line must vary according to the size and shape of the orbits. To remedy this, Broca proposes that the fixed line should run from the posterior border of the foramen to the root of the nose, that is, to the naso-frontal suture, and calls the angle thus formed the *second occipital angle*. This fixed line, however, is still subject to variation from two causes. The first of these is the variation in the length of the skull, the second that of the size of the foramen. To do away with the latter source of error, he has introduced the *basilar angle*, which he considers the most constant of the three. This is obtained by drawing a line from the naso-frontal suture to the anterior instead of the posterior border of the foramen, and by bringing the line showing the direction of the foramen forward so as to cross the other. The results gained by these three methods correspond in the main very well, though by no means uniformly. The basilar angle is largest of all; that of Daubenton the smallest. Broca finds that the latter may vary in man from  $+19^{\circ}$  to  $-16^{\circ}$ , but that when it is below  $-12^{\circ}$ , the formation is pathological. The mean value of Daubenton's angle in the Caucasian skull does not appear to be far from nil; he himself set it at about  $+3^{\circ}$ . In man, the second occipital angle is eleven or twelve degrees greater than that of Daubenton, and four or five degrees less than the basilar. It is easy to see that all these angles increase as the foramen in the lower races and in animals becomes more vertical. A special instrument is necessary for measuring these angles, unless the skull is bisected.

*The Occasional Persistence of the Frontal Suture* is discussed by Dr. Simon, of Hamburg, in *Virchow's Archiv* (vol. 85, parts 3 and 4). He finds that it occurs in nearly ten per cent. of Caucasian skulls. He contradicts Hyrtl's statements, first, that it is more common in female than in male heads, and, secondly, that it exists after the obliteration of the other sutures, though he thinks that when it is present, all the sutures have a tendency to remain open. He corrects, also, the commonly received error that the frontal suture is a continuation of the sagittal; in point of fact, it begins, almost invariably, on one side of the latter. According to Simon's experience, the persistent suture is found almost wholly in skulls of the broad type; he has never seen it in a low, narrow forehead, and agrees with Hunauld that it is caused by, or at least occurs with, a rapid development of the brain and a slow one of the bones.

*The Structure of certain Parts of the Head* is a subject on which Professor Gruber, of St. Petersburg, contributes four papers to the second, third and fourth parts of *Reichert and DuBois Reymond's Archiv* for 1873. He describes several peculiar anomalies of the upper jaw, of which the following are the most interesting.

First, a case in which the part of the superior maxilla supporting the malar bone is, on one side, a distinct piece, while on the other, the separating suture is visible only on front.

Secondly, a case in which, the horizontal processes of the palatals being very small and not meeting in the middle, the hard palate is completed by prolongations of the median parts of the maxillary bones. These are not sufficiently developed to form the usual spine, but, on the contrary, leave a shallow median notch. He calls this a gorilla-like formation, as it certainly is, as far as the relation of the maxillary and palate bones is concerned; but there is reason to doubt if the median notch is as constant in the skull of the gorilla as he considers it. It is interesting to notice that in the chimpanzee, the relation of these bones is the same as in man.

Thirdly, a case of supernumerary bones in the palate, lying in contact, one on each side of the median line, directly behind the intermaxillary bones, and forming, together, a nearly symmetrical figure.

Gruber's next paper is on the *maxillo-temporal intra-jugular arch*, which, in plain language, is a prolongation of bone between the zygomatic process of the temporal and the outer part of the superior maxilla, under cover of the malar bone, against which it lies. It is a very rare anomaly, as in about 4,000 skulls he has found only 24 examples of it, 7 skulls having it on both sides, and 10 on one side. This arrangement is normal in the pig, the hedgehog, the rhinoceros, the tapir and the horse. This arch is not to be confounded with the infra-jugular one, which is formed by the same bones meeting below the malar so as to be visible from the outside. There is but one case of this anomaly on record.

Gruber also describes an extra bone in the zygoma, appearing at the junction of the processes of the malar and temporal bones, being a continuation sometimes of one, sometimes of the other, and lying, consequently, on the lower or the upper side of the arch, as the case may be. Gruber has found this bone but ten times in his large collection. He considers it an accidental epiphysis, and not of the nature of a Wormian bone.

The same author also writes of the posterior opening of the *inferior dental canal*, of the *mylo-hyoid groove*, and of the bridges that may occur over one or both. It is common to find the spine which guards the anterior border of the beginning of the canal considerably developed, and it not rarely extends backward some way over the opening, in which case he calls it the *lingula*. If more developed, it forms a bridge which may even be double. Similar bridges may pass over more or less of the mylo-hyoid groove, making it a partial canal. Gruber mentions one case, the only one on record, in which this groove was present in addition to an extra canal.

The reporter may, in this connection, refer to a paper in the *American Journal of the Medical Sciences* for October, 1873, in which he calls attention to a by no means uncommon formation of the jugular fossa, which is ignored in anatomical works, and in which he shows that the foramen and fossa are almost always larger on one side of the head (usually the right) than on the other, and that the neighboring foramina are usually larger on the same side as the larger jugular foramen.

#### MYOLOGY.

Lesshaft, of St. Petersburg, has published, in *Reichert and DuBois Reymond's Archiv*, a valuable paper on the muscles and fasciæ surrounding the urethra. The author has worked for eight years on the muscles and fasciæ of this region, and during that time has dissected 210 perinea *in situ*, besides 80 specimens of detached perineal organs. His review of the literature of the subject is clear and comprehensive, and his whole tone and method tend to inspire confidence in his results. The first point discussed is Wilson's muscle, which has been variously described under different names, and the very existence of which has been denied. Lesshaft quotes Wilson's original account of it in the *Medico-Chirurgical Transactions* for 1812, which it seems worth while to reproduce:—"In my lectures on the organs of generation, I have, for these last ten years, demonstrated to the students attending in Great Windmill Street, two very distinct, fleshy bellies, belonging to muscles of triangular shape, united below by one common tendon, but each having a separate tendinous attachment to the inside of the symphysis of the pubes, and which are so placed as to surround the membranous part of the urethra. The tendon belonging exclusively to each muscle is at first of a round shape, but soon becomes flattened as it descends; it is affixed to the back part of the symphysis of the pubes in the adult, about one-eighth of an inch above the lower edge of the cartilaginous arch of the pubes, and nearly at the same distance below the attachment of the tendon of the bladder, to which, and to the tendon of the corresponding muscle, it is connected by very loose, cellular membrane. The tendon descends at first in contact with, and parallel to, its fellow; it soon becomes broader and sends off fleshy fibres, which also increase in breadth, and, when near to the upper surface of the membranous part of the urethra, separate from those of the opposite side, spread themselves on the side of the membranous part of the urethra through its whole extent, then fold themselves under it, and meet in a middle tendinous line with similar fibres of the opposite side." This, Lesshaft calls *constrictor urethræ membranaceæ* or *constrictor isthmi urethralis*, a name used by Müller (who denied the existence of this muscle) for another. He has never seen the

round tendon of origin, described by Wilson, but finds that the muscles arise from the walls of the veins, which form the plexus of Santorini above and by the side of the prostate, and from fibrous tissue which may reach to the symphysis. The fibres spread, fan-like, forward and backward from this origin, the posterior ones being lost in the sides of the prostate, the others running along the sides of the membranous urethra, covering some few deeper circular fibres. The more superficial fibres become tendinous, and end in the lower part of the recto-vesical fascia and in the perineal septum. The action of this muscle is to compress the membranous portion, and also to pull open the walls of the venous plexuses, thus being, physiologically, antagonistic to the erectores and to other apparatus "*ad refluxentem sanguinem retardandum.*"

According to Lesshaft, there are three transverse, perineal muscles, of which the middle and deepest correspond to the two usually described. His superficial one occurs so very rarely that we are at a loss to see why it should be considered a normal structure.

He describes, also, a *musculus transversus urethræ*, which, though nearly constant, has been generally overlooked or misinterpreted in man. Guthrie and Müller apparently thought it a part of the constrictor, though it is a dilator of the urethra. It arises from the inner surface of the descending ramus of the pubes, runs downward and forward over the anterior (superior) wall of the urethra, where it is lost. Some fibres run over the dorsal vein, which is compressed by their contraction, while the upper wall of the urethra is simultaneously raised.

Lesshaft's account of the fasciæ is clear and careful, but we do not see that it adds very materially to what was already known.

(To be concluded.)

**DISLOCATION OF THE SPINE: REDUCTION.**—The following case, reported by Dr. L. W. Bliss, is taken from the *Transactions of the Michigan Medical Society*:—

A man, aged 41 years, was superintending the raising of a stick of timber, under which he had his shoulder, when it fell, carrying him beneath it, forcing his breast forward upon his knees, dislocating the spine at the eleventh dorsal vertebra, and fracturing the ninth, tenth and eleventh ribs at their surgical neck, and the spinous process of the eleventh dorsal vertebra. He was removed from beneath the timber in an almost insensible condition, from which he recovered in about one-half hour, with complete paralysis of that portion of the body below the dislocation. An attempt was made to replace the vertebra by pressure, which failed, and extension and counter-extension were followed by a similar result. The surgeon then knelt upon the floor, and stationing assistants at both extremities of the patient, he directed the body to be forcibly flexed over his knees as a fulcrum, while one hand was placed upon the dislocated part. In this manner, a reduction was effected, the spine resuming its natural appearance when the body was extended. In three minutes after the reduction, the patient was able to move his feet, and sensibility returned, while the power of motion was recovered in one-half an hour. With the exception of retention of urine, lasting three days, no untoward symptom supervened. The patient was confined to bed for seven weeks, and availed himself of the assistance of crutches for five months.

### Bibliographical Notices.

*Transactions of the Minnesota State Medical Society.* Minneapolis. 1873.

*Transactions of the Medical Society of the State of Pennsylvania.* Philadelphia. 1873.

*Transactions of the New Hampshire Medical Society.* Concord. 1873.

THERE are few medical publications which we read with greater interest, or from which we derive more benefit than those emanating each year from the different State Societies. It is not to be denied that these volumes contain very much in common, and a good deal to which the term "arid" might with propriety be applied. On the other hand, we are pretty sure to find served up some rare and interesting clinical cases, while the addresses of the presiding officers usually furnish a fair epitome of the present knowledge and the recent theories upon the various topics with which they deal, thus contributing to the diffusion of improved ideas. We have observed with regret, of late years, a growing tendency to add unnecessarily to the size of these volumes, by the insertion of a mass of crude and trivial matter, hardly worthy to survive the occasion which gave it birth; and we would take, therefore, this occasion to suggest to the committees on publication that the bulk of the volume should be regarded as of less consequence than the quality of its contents, and that very much of the *padding* which serves to multiply the leaves of these "transactions" should be suffered to remain in manuscript form, thereby lessening the labor of compilation and the work of the printer.

In the three volumes which have accumulated upon our hands, and whose titles are placed at the head of this article, will be found an unusual amount of instructive matter, and we take pleasure in placing before our readers a notice of a portion of their contents.

At the meeting of the Minnesota State Society, held in Rochester, the annual address was delivered by the President, Dr. W. W. Mayo, his subject being "The Relations of Physicians to the Public and Each Other." In a paper on "Phthisis as related to Syphilis and Scrofula," Dr. H. C. Hand cites statistics, besides introducing cases in detail, to show that phthisis is more common in syphilitics than in non-syphilitics. He maintains that syphilis predisposes the patient to acute inflammation of the respiratory organs, and is thus a frequent cause of phthisis, the form so produced being the pneumonic. A short but practical paper on the "Test for Arsenic," was read by Dr. F. Lessing, and an essay on "Catarrhal Inflammation as an Element of Uterine Disease," by Dr. F. Staples, which is illustrated by three excellent wood-cuts of the microscopical appearances of the different secretions of the vaginal canal, both healthy and morbid. From the report of the committee on surgery, we learn that five operations for ovariectomy have been performed in this State, every one of which has resulted fatally.

Of the seven different papers contained in the transactions of the Pennsylvania Society, that of Dr. Benjamin Lee is worthy of special attention from the novel theory advanced with regard to spinal caries. Inflammatory and subsequent ulcerative changes in the spinal cord are not unfrequently induced, according to this writer, by whooping cough. The truth of this theory he attempts to substantiate by introducing five cases, all presenting the history of children previously healthy, and whose parents were in good health, in whom symptoms of spinal inflammation appeared shortly after a severe attack of whooping cough. The practical lessons deduced by Dr. Lee from this theory is, that cases of whooping cough should be carefully watched during the period of convalescence, and proper warning given upon the very first symptom indicating a complication of the spine. It is also intimated that, by applying some simple form of support to the spine, during the progress of a severe case of this malady, we may not only give relief during the paroxysm of cough, but also, by protecting the spine from shock, ward off the impending danger of caries.

The publication of the New Hampshire Medical Society contains, in addition to the address of the President, Dr. D. T. Parker, of Farmington, the following papers, which make no claim to a high, scientific character, but are, without exception, carefully prepared, and will amply repay perusal:—

1. Medical Associations, by Dr. A. Smith, of Peterboro'.
2. Report on Practical Medicine, by Dr. G. B. Twitchell, of Keene.
3. The Relation of the Pharmacist and Physician, by Dr. C. A. Tufts, of Dover.
4. The Physiology of Sleep, by Dr. E. P. Hurd, of Newburyport, Mass.
5. Report on Smallpox, by Dr. G. W. Cook, of Hillsboro'.

The paper of Dr. Hurd, an abstract of which has already appeared in this JOURNAL, is by far the most elaborate of the collection, presenting in concise and attractive form the views of recent observers upon the intricate and mysterious phenomena of sleep.

Dr. Twitchell, in his able report, touches upon one of the prevailing topics of the times, the deterioration of American women, in consequence of the very general ignorance, or disregard, of the ordinary laws of physiology. He holds it to be the duty of physicians to endeavor to arrest this physical degeneration by communicating upon proper occasions to the public, and especially to *mothers*, those laws of hygiene upon the observance of which the preservation of sound health depends.

#### BOOKS AND PAMPHLETS RECEIVED.

The New Chemistry. By Josiah P. Cook, Jr., Erving Professor of Chemistry and Mineralogy in Harvard University. New York: D. Appleton & Co. 1874. Pp. 326. (For sale by A. Williams & Co.)

A Handbook of Medical and Surgical Reference. By John A. Wyeth, M.D. New York: William Wood & Co. 1873. Pp. 279.

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S. Seventh American Edition, revised from the Author's latest notes, and edited, with additional notes and references, by John J. Reese, M.D. Philadelphia: Henry C. Lea. 1873. Pp. 879. (For sale by A. Williams & Co.)

Chemistry, Inorganic and Organic, with Experiments. By Charles London Bloxam. From the second and revised English Edition. Philadelphia: Henry C. Lea. 1873. Pp. 700. (For sale by A. Williams & Co.)

Annual Report of the Surgeon-General of the Commonwealth of Massachusetts for the year ending December 31, 1873. Boston: Wright & Potter. 1874. Pp. 27.

A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D. Lond. Philadelphia: Henry C. Lea. 1874. Pp. 791. (For sale by A. Williams & Co.)

Report of the state of the New York Hospital and Bloomingdale Asylum for the year 1873. New York. 1874. Pp. 22.

The Nature of Gun-shot Wounds of the Abdomen and their Treatment. Based on a Review of the Case of the late James Fisk, Jr., in its Medico-legal Aspects. New York: William Wood & Co. Pp. 96.

The Physician's Dose and Symptom Book. By Joseph Wythes, A.M., M.D. Eleventh Edition, revised. Philadelphia: Lindsay & Blakiston. 1874. Pp. 236. (For sale by James Campbell.)

Lectures on the Clinical Uses of Electricity. Delivered in University College Hospital, by J. Russell Reynolds, M.D., F.R.S. Second Edition. Philadelphia: Lindsay & Blakiston. 1874. (For sale by James Campbell.)

Galvano-Therapeutics; a revised re-print of a report made to the Illinois State Medical Society, 1873. Philadelphia: Lindsay & Blakiston. 1873. Pp. 63. (For sale by James Campbell.)

Reports of the Trustees and Superintendent of the Butler Hospital for the Insane. Presented to the Corporation at their Annual Meeting, January 28, 1874. Pp. 29.

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**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, MARCH 5, 1874.

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At the meeting of the Board of Aldermen on Monday last, the Committee on Licenses submitted a report on the petition of Jourdain & Co. to exhibit their "Gallery of Anatomy." In this report, the committee not only express their conviction that exhibitions of this character ought not to be licensed, but recommend that the Chief of Police be ordered to see that the law is not evaded by holding free exhibitions. The members of the committee have given this matter their personal attention, and, from the first, were unanimous in their opinion, which has since been strengthened by the remonstrances received from the Boston Society for Medical Observation, the Boston Society of Natural History, the Boston Society of Medical Sciences, the Suffolk District Medical Society, the Board of Government of the Boston Young Men's Christian Union, and also from the Young Men's Christian Association. Notwithstanding this very strong testimony against the propriety of permitting such an exhibition, the Board of Aldermen have seen fit to lay the report and orders upon the table. We cannot believe that any member of the Board can entertain favorable opinions of the character of this "Gallery," unless laboring under great misapprehension of the true facts of the case. We are happy to state that Mayor Cobb has expressed to us his unqualified disapprobation of all such exhibitions, and his determination to do everything in his power towards suppressing them. We trust that the doubting Aldermen, if any there be, will take the trouble to convince themselves of the justice of these remonstrances, and will allow no undue "pressure" to influence their opinion.

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A YEAR ago, the Medical Examiners of many of the Life Insurance Companies, having home or branch offices in Boston, united themselves into an organization, entitled The Association of Life Insurance Examiners for Boston and Vicinity. The importance of many questions which are constantly arising, concerned with the subject of Life Insurance, and the general interest which the community, as well as the profession, feel in the proper administration of this important system, renders such an organization as this well worthy of notice and support. The Association of Examiners invite the coöperation of all the appointed medical officers, in regular standing in the profession, in the companies whose home or branch offices are represented in Boston. The special objects contemplated embrace not only a full

understanding of the duties and responsibilities of Medical Examiners, and in a general way an assurance of mutual support and coöperation in the performance of those duties, but also the consideration of subjects important to the companies the members individually represent, and to whose interests they are pledged. The examination of applicants for insurance is a subject of the utmost importance; the due performance of his duties in making such examinations should call forth the highest ability and the most conscientious action on the part of the examiner; and upon such performance of duty by the corps of examiners depends the very life of the companies. It is the wish of the Association to subserve the best interests of the community, and, in this desire, they are determined to exercise the utmost vigilance in making *their* agency in the matter reliable and secure. Much has been written and perhaps more said concerning Life Insurance. All will admit it to be a system which has a beneficent end in securing comfort and support to those who might otherwise be left without the means of subsistence in the world. It is the aim of the examiners in this city, to protect the interests both of the companies and the policy holders, to secure the appointment of men, as medical officers, who stand honorably in the profession, of undoubted ability and unimpeachable integrity, and, in this manner, to merit the respect of the profession and of the community.

At the annual meeting, recently held, Dr. W. W. Morland was elected President, and Dr. F. H. Brown, Secretary, for the ensuing year.

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At a meeting of the students' Boylston Medical Society of Harvard College, on Friday evening last, the announcement was made of the names of the successful competitors for the annual prizes offered for members of the society. The first prize was awarded to Mr. Charles H. Williams, for an essay "On the Action of Bile in promoting the Absorption of Fats;" and the second to Mr. G. M. Garland, for an essay "On the Action of Intestinal Juice during the Process of Digestion." Honorable mention was made by the prize committee of an essay by Mr. Edward Waldo Emerson "On the Thermometer in Medicine," and of one "On Milk Fever." The two prize essays were the result of careful work performed in the physiological laboratory of Prof. Bowditch, while the others gave the results of painstaking observations in hospital wards. The unusually high standard of all the essays, containing, as they did in each case, more or less original observation, and a thorough familiarity with the subjects of which they treated, reflects great credit upon the competing students, and is at the same time gratifying, as showing one of the advantages of the new system of medical education as now pursued at

Harvard. The opportunities and encouragement given to the student for an active participation not only in many of the prescribed studies of the course, but also for special work in other departments, is one of the features of this system which cannot fail to increase the zeal of all those who enjoy its benefits in the study both of scientific and practical medicine.

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WE have received, through the courtesy of Assistant Surgeon J. S. Billings, U. S. A., a copy of the alphabetical catalogue of the library belonging to the Surgeon General's office at Washington. The work is comprised in two very large volumes, of a thousand pages each, and includes only the names of works of known authors, whose titles are fully given. A supplemental volume, to contain anonymous works, reports, transactions, periodicals, and an index of subjects, is forthcoming. The library, of which these exhaustive catalogues give us information, takes a foremost rank in the medical book-collections of the world; it contains twenty-five thousand volumes and fifteen thousand single pamphlets—not an insignificant showing for the enterprising efforts of those who have been engaged in founding and fostering the project. It is a matter of sincere professional gratification, not to say national pride, that we can point to this magnificent library in close relationship with the famous Army Medical Museum, and it is fitting that the two collections should be side by side, within the same fire-proof walls.

Dr. Billings, the Librarian, has done the great work of the catalogue with a success for which he will be emulated; and has furnished in this extensive compilation a contribution which, as a book of reference, aside from its value in connection with the Army Library, will be greatly prized by the profession.

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PHARMACEUTICAL JURISPRUDENCE.—French tribunals are less indulgent towards the "fatal accidents" of pharmacutists than are those of this country. The *Progrès Medical* reports the case of a druggist who supplied, accidentally, acetate of baryta in lieu of sulphovinate of soda, the substitution proving fatal to the patient. The court gave damages to the extent of £800 to the widow and son of the deceased.—*British Medical Journal*.

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PREMATURE RUPTURE OF THE MEMBRANES.—Dr. T. Chestnut gives an account (*American Practitioner*, viii., 48, 1873) of three cases of premature rupture of the membranes between the seventh and eighth months of gestation, and the consequent escape of the liquor amnii; in all of these, however, the delivery was postponed three, six and four weeks respectively, by confinement to bed and the administration of opium, whenever there was any attempt at uterine action. The

children were all born before the full term, and were puny, but with care and good nursing all lived. The editor, in a note, calls attention to the "false waters," which are discussed in Depaul's Clinical Lectures on Obstetrics. The fluid, in these cases, flows off as in those reported by Dr. Chestnut, but their source is traced to an oozing of serum from blood extravasated from the capillary vessels at some point where the ovum has become detached. The serum accumulates between the membranes and the uterine walls until, by further detachment of the membranes or placenta, the fluid arrives at the os and is suddenly discharged. This oozing may persist until the ovum again adheres to the uterine wall. If a patient observes complete repose, this flow is said to diminish and finally cease. The phenomenon may recur several times in a pregnancy. The liquid of the false waters is odorless, clearer and more transparent than the other, and presents all the characteristics of serum, whereas the amniotic fluid has a faint odor, often contains whitish particles of sebaceous matter, or is discolored green or yellow by the admixture of meconium, is expelled when the head of the fœtus, which acts as a valve, is raised, or it follows uterine contractions. Reference is also made to a case reported by Bailly (*Gazette Obstétrique*, March 20, 1873) and to another by Dr. Campbell. In the former, the membranes ruptured at the end of the eighth month, but delivery was delayed for thirteen days. In the latter case, pregnancy was prolonged seventeen days after the like mishap.

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### The Hospitals.

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#### MASSACHUSETTS GENERAL HOSPITAL.

(Saturday, February 21, 1874.)

OPERATIONS were performed in the following cases:—Parotid Tumor, Artificial Anus, Abscess of Frontal Sinus, Caries of Sternum, Tumor of Breast, Condylomata, Necrosis of Femur. During the week, Railroad Injury of Arm and Leg.

*Parotid Tumor*—in a man, thirty-one years old. Empirical attempt to extirpate, by caustic, one year since. Now, about the size of a hen's egg; skin cicatrized and adherent. The surface of the tumor was exposed by a crucial incision; the thin layer of parotid gland invariably covering similar growths was reflected with the integuments, and the tumor, friable and crumbly, turned from its capsule, which was afterwards dissected out, stripping readily, except where the caustic had provoked adhesions. The tumor was one of the variety known as "mixed cartilaginous."

*Artificial Anus*—in a man, thirty-eight years old, the result of a strangulated hernia of the small intestine, which occurred one year ago. Sixteen inches of the intestines sloughed and left a fistula surrounded by cicatrices, in the right groin, through which he has a constant liquid discharge, without odor. The usual discharges take place regularly from the anus. Six years ago, he was the subject of Wood's operation for the radical cure of hernia, which resulted unsuccessfully, the hernia again appearing in four months. Dr. Cabot dissected up the integument bordering on the old cicatrix, and freshened the surface of the latter, to the margin of the fistula, which he close by two silver-wire sutures. The fresh borders of the integument were then approximated over the closed fistula, and also secured in apposition by wire sutures.

*Abscess of Frontal Sinus*—of seven months' duration, in a middle-aged man; he had suffered from intense pain, without apparent cause, just above the root of the nose. The bone had become thinned by absorption, and the integuments were thickened and indurated. The nose was widened at its up-

per part, and there was some bulging of the frontal region; pressure revealed the presence of air, which the patient could force into the sinus by blowing his nose, and caused a discharge of pus from his nostrils. Through an incision between the eyebrows, the sinuses were exposed (their thin and crackling wall being easily cut through by the knife), the opening into the nostrils enlarged with a dilator, and some fragments of carious bone removed from the cavity.

*Caries of Sternum*—in a man, forty-four years old. Ten months ago, an abscess formed over the middle of the sternum, which resulted in a sinus that communicated with denuded and roughened bone. Dr. Cabot enlarged the sinus, and, with a conical rasp, removed the carious surface.

*Tumor of Breast*—the size of an English walnut, in a middle-aged woman, adherent to the skin, close to the nipple, with no axillary complication. Removed by two straight incisions, without extirpation of the gland. Apparently non-malignant.

*Condylomata*—in a man, excised by Dr. Cabot.

*Necrosis of Femur*—in a man, fifty-three of years age. He bruised the limb two years ago, by falling into a cellar, and stated positively that he had been able to walk about ever since. Six weeks after the accident, an abscess formed on the posterior aspect of the thigh, at its middle; this broke and left a sinus, which has been discharging since. The sinus was enlarged, and some fragments of dead bone removed; passing the finger up to the shaft of the femur, an irregularity was felt, which was thought must have been caused by a fracture.

*Railroad Injury of Arm and Leg*—in a male adult. There was a compound, comminuted fracture of the hand and arm, including the elbow-joint; also of the foot and ankle-joint. Amputation of the arm, in the lower third, by the circular method, and of the leg at the junction of the middle and upper thirds, by the flap method.

H. H. A. BEACH.

#### BOSTON CITY HOSPITAL.

ON Friday last, February 27th, most of the operations were comparatively unimportant.

Dr. Cheever operated on a Fistula in Ano, laying open the tract with the knife and excising the indurated tissue about the fistulous aperture in the rectum.

Dr. Thorndike performed Circumcision in the case of an adult who had contracted a chancre under the prepuce. The foreskin had been slit up ten days before the present operation, to allow the venereal sore to heal; and now that this result was accomplished, the mass of cicatricial tissue left in the prepuce was excised, and the exposed edges of the wound were united by sutures.

Dr. Wadsworth performed Iridectomy and Tattooing of the Cornea. He also divided the tarsal ligament and removed a portion of the conjunctiva of the lid, to remedy inverted lashes.

Dr. Thorndike related such of the history of a case of Traumatic Femoral Aneurism as was subsequent to the operation reported in the JOURNAL of February 5th. During the ten days following the operation, no unfavorable symptoms were manifested. Then, secondary hemorrhage from the femoral artery occurred. Dr. Thorndike tied the vessel above the former point of ligation, securing it at the apex of Scarpa's triangle. There was no recurrence of the bleeding. The patient reacted well, and, during the next week, progressed toward recovery; he awoke one morning, however, to find himself blind. The pulse at this time was quite as it should be normally; there was no bleeding or paralysis. The pupils were contracted. Coma soon followed. On the second day of this condition, there were rigors, with increasing stupor, but without paralysis. During the next three days, the symptoms remained nearly constant, with a steady tendency to sinking. Death occurred on the fifth day after the first symptom—blindness—was noticed.

At the autopsy, there were found the purulent dépôts of pyæmia in the lungs, the mesentery, the kidneys and the spleen; there were none in the liver. There was no clot in the femoral artery. In the brain, there was an abscess in the right crus cerebri and one also in the cerebellum. Pus and lymph appeared between the cerebellum and the medulla.

Dr. Thorndike remarked, in connection with this case, that stupor, similar to narcotism, with *contracted* pupils, had been noted by some authorities as associated with abscess in the cerebellum.

On Tuesday, February 24th, Dr. Cheever operated on a complete Fistula in Ano. He passed four strands of an elastic cord through the sinus and, having drawn it tightly, tied it so as to include the isthmus of the skin and other tissue of the wall of the fistula; the cord was then left to cut its way through. The patient was phthisical, and the fistula proved a source of constant annoyance and suffering to him. To diminish the pain, and in the hope that by the method adopted the wound would heal quickly, the fistula was treated in the manner described, rather than by the knife or by the silk or wire ligature.

F. W. DRAPER.

## Correspondence.

### LETTER FROM PHILADELPHIA.

(From our regular correspondent.)

PHILADELPHIA, February 20, 1874.

DURING the present winter, the Medical Department of the "University of Pennsylvania" holds its sessions in the building formerly occupied by the "University of Philadelphia," famous, and infamous, for selling diplomas both to natives and foreigners, known and unknown. While in existence, this worthy institution frequently entrapped Southern and Western students who came to this city to matriculate at the "University of Pennsylvania." Similarity in the titles of the two institutions, and ignorance on their part, misled the few unfortunate flies who walked into the parlor of this disreputable den.

The old buildings of the "University of Pennsylvania" have been razed to the ground prior to the erection of the new post office. Meanwhile, the Medical Department of the University experiences the questionable enjoyment of occupying the apartments of its old enemy.

The new University buildings are rapidly approaching completion, over the river, in West Philadelphia. The Academy of Arts is already occupied—a structure sightly and elegant, albeit of a somewhat complicated architecture, which suggests the French gothic. For some occult reason, the natives speak of it as "Collegiate" gothic. Two additional buildings will complete the plan of the architect. One of these will be used by the Medical Department, and will include such laboratories as are necessary in modern medical research. The third will be the University hospital building. The three structures are to be similar in architectural design.

This happy and flourishing condition of the University is the result of the energy of the younger men of the faculty, notably of Dr. Wm. Pepper, who has been perfectly untiring in his efforts in this direction, and has raised the larger portion of the funds (about \$400,000) accumulated by private subscription. In addition to this amount, the University is richer by \$100,000, the gift of the State legislature.

One depressing feature in the new order of things has been the opposition of some of the older members of the faculty, who thought that what had been well enough ought to be let alone, and one of whom resigned, indignantly remarking, "If the old ways and means are not good enough, I must withdraw"! It cannot be possible that the medical faculty will continue the present system of teaching, so confusing to the student, in their new quarters. Concerning this question, I am not informed, further than by the im-

pression that there are private monied interests which would make it difficult to change the existing curriculum. It remains to be seen whether Prof. Stillé will lay down his arms and counsel his brethren of the faculty to adopt the excellent, indispensable system now in force in the Harvard Medical School. Its bitterest opponent can no longer refuse to see and acknowledge either its feasibility or its success.

Jefferson College, younger but not less successful than her rival, lacks only the means to become also enabled to establish herself in new and convenient buildings. The State legislature voted the same appropriation to both institutions, but with the condition, already fulfilled by the "University," that each college should first raise an equal amount to that of the appropriation. It is not surprising that the wealthy men of the city should be more ready to give to the "University" than to Jefferson College, because the former is essentially a local favorite, the result of her antecedents. In the number of yearly graduates, however, Jefferson College has frequently surpassed the "University." The faculty of the Jefferson Medical College is a vigorous body of teachers, and the institution is a favorite of Western and Southern men. Medical students of Philadelphia origin flock to the University. I have heard it said, how justly I will not attempt to judge, that "The best dressed men attend the University; the hardest working men attend the Jefferson College."

The contest for the chair of anatomy of Jefferson College will re-open next month. There are several contestants, but the issue really lies between Drs. Wm. W. Keen, John H. Brinton and Wm. H. Pancoast, son of the present occupant of the chair. The competition will be warm, but it is to be sincerely hoped that pure merit will win the chair so soon to be vacated by the distinguished and venerable Prof. Joseph Pancoast. His resignation was accepted last summer, with the condition that he would lecture until spring. The prospectus of the College for 1874, just issued, numbers Prof. Pancoast among the acting faculty. Since he is already an Emeritus Professor, the reason for this announcement is obscure.

You probably know that the late Prof. Müller, in addition to his private museum, left to the College of Physicians of Philadelphia a fund for the purchase of such other anatomical preparations as might be deemed of value. The museum committee have been so fortunate as to secure, at an expense of \$3,000, a large portion of Hyrtl's famous and beautiful anatomical collection, which has been exhibited, not only at the Vienna Exposition, but also similarly at Paris and London. The collection comprises seventy skulls, gathered from the four corners of the earth, each skull being accompanied by a biography of its original possessor. One can hardly conceive of a more valuable and interesting group of crania. There are also twenty placenta, normal and abnormal, of remarkable value, selected and prepared by Hyrtl only because of their extreme rarity, and which are of equal interest to anatomist and obstetrician. Several of these placenta were sent to Hyrtl from various quarters of the globe—South America, South Sea Islands, New Zealand, Sumatra, &c.

The collection also contains Hyrtl's superb preparations of the organs of hearing, upon which he spent fourteen years. With one specimen is connected an amusing story, which dear old Hyrtl, true to the German manner, relates in his catalogue. The preparation is nothing less rare than a perfect specimen of the petrous portion of the temporal bone of an embryo hippopotamus, and here is the story, which is better told in the original:—"Since the days of the Roman emperors, not a living hippopotamus had been brought into Europe. The anatomy of the internal organs of the animal, therefore, remained unknown. In 1830, Mons. d'Abbadie was sent by France as ambassador to the King of Schoa. To his instructions, the French Academy annexed the request that he would forward to Paris the internal organs of a young hippopotamus. With tact, the minister undertook the undiplomatic commission. The king was severely ill with articular rheumatism. He questioned the minister as to whether he could help him (in the Orient every Frenchman passes for a doctor). Mons. d'Abbadie resolutely replied,

'Certainly.' 'Produce the remedy! I will give my crown if I become well again.' 'Entirely unnecessary. The remedy is to be found in your own kingdom. It is the fat of a hippopotamus.' 'Bring a hippopotamus!' 'Gently, that is not so easy. It must be the fat of a pregnant female.' Huntsmen were sent into the savannas, and one of them actually brought a pregnant female hippopotamus. With the fat of the same d'Abbadie anointed the limbs of the king, who recovered from his pains. But d'Abbadie pickled (eingepökelt) the fetus and sent it to the Jardin des Plantes, where Blainville allowed me to dissect out the petrous portion of the temporal bone and replace it with plaster. Thus came into my collection the labyrinth of a fetus of a river-horse." The remainder of the purchase consists of the celebrated corrosion preparations, which cost Hyrtl so much labor and skill.

Hyrtl has heretofore received handsome offers for his collection, from private individuals. His invariable reply has been, "I would rather give my collection to a museum than sell it to a private individual."

An attempt has been made to purchase the beautiful dissections of the larynx, which form a portion of the anatomical museum in Tübingen. They are the work of Prof. Luschka, of that town. The plates in Luschka's fine monograph on the larynx are *fac similes* of these dissections, which are most exquisite. In reply to the letter containing the offer of purchase, Luschka wrote that it was not permitted to sell from the museum any preparations whatever.

There have been of late, in the Philadelphia schools and hospitals, several surgical operations of marked interest. Three of them were rare. Dr. F. F. Maury performed resection of the brachial plexus of nerves. I hope to give you full details of the operation, of its results at any rate, in a future letter. Dr. Thomas G. Morton lately tied the femoral artery in Scarpa's triangle, for elephantiasis Arabum. The patient was a young negro. The hypertrophy (of the right leg) had been of slow development. The greatest measurement, just above the malleoli, was twenty-four and one half inches. I noticed that the femoral artery and venæ comites were of remarkably small calibre. After the ligation, the patient's heart labored somewhat tumultuously. The operation promises a good result. Already, the hypertrophied limb has become reduced to one half its former size. This is the twenty-fourth ligation of the femoral artery for this disease.

Prof. Gross operated the other day upon a case which is unique. A negro, of middle age, presented himself with a swelling on the lower portion of the leg, nearly in the median line. The tumor pulsated; was small in size; caused little or no pain. Two surgeons of note were present. One pronounced the swelling to be an enlarged bursa resting upon the anterior tibial artery. The other gentleman refused to commit himself by an opinion. Prof. Gross thought the excrescence presented the characteristics of an aneurism, and this it proved to be. It was situated on the left leg, between the external malleolus and the median line; was found under the flexor tendons and connected with the inferior portion of the anterior tibial artery, which was ligated. This is the only case on record of an aneurism in this situation.

Dr. Weir Mitchell has received the rare compliment of having his book on "Injuries of the Nerves" translated into French within sixteen months after its publication here. Dr. Mitchell is rapidly increasing his reputation in the treatment of nervous diseases, especially the hydra-headed hysteria, in the management of which his procedure is peculiar as well as successful. He is also making practical his views concerning the proper manner of treating locomotor ataxia. In the orthopaedic hospital, Dr. Mitchell has several rooms devoted to the treatment of nervous complaints. In a future letter, I propose to give you some details of his method in diagnosis and treatment.

Dr. Keen is experimenting upon the antiseptic powers of chloral hydrate. A solution of two grains of chloral to the ounce of water effectually arrests putrefaction, but a stronger solution would be preferable. In a case of psoas abscess and hip disease, with profuse discharge of ill-smelling pus, Dr. Keen kept the ward perfectly free from odor and the diseased parts in a sweet con-

dition by using water dressings medicated with chloral. He was unsuccessful in using a solution of the salt as an injection in gonorrhoea. It was found to be too irritating.

Dr. Clarke's book (*Sex in Education*) is being read here as elsewhere. The general impression seems to be that the book will prove itself abundantly useful, that it will do good, but that it should be filtered through mothers to daughters.

The autopsy of the Siamese twins, now in progress, interests more or less completely the entire medical public of Philadelphia. The majority feel an earnest desire to learn the results of the necropsy. Many, however, say that the disclosures will be of no consequence, and the whole matter is being overdone. Only the members of the College of Physicians will enjoy the privilege of listening to the report of the committee who have the bodies in charge. But since any anatomical demonstration becomes available only to those nearest the subject, the details of the autopsy, when published, will be fully as interesting to those who are shut out from the College as to the privileged members of that body.

UNGENANT.

#### THE PNEUMATIC ASPIRATOR.

FITCHBURG, January 20, 1874.

MESSRS. EDITORS,—Among the appliances of surgery brought to the aid of our art in recent times, the pneumatic aspirator may well take a prominent stand. Every general practitioner, even though he have little inclination or opportunity to practise surgery, is occasionally placed in circumstances where the aspirator is invaluable. To illustrate, let me cite the following case:—

A short time since, I received one of Dieulafoy's aspirators, manufactured by Codman & Shurtleff. I hardly had it in my possession when I was called to catheterize an old man of 83 years, long under my care for prostatic disease. Having performed this service for him many scores of times before, I proceeded without delay to relieve his sufferings from an over-distended bladder, but I found it impossible to introduce any kind of catheter into the bladder. I ordered an opiate, general warmth, and an enema of warm water. After an interval of three hours, I made a second attempt and again failed. I now learned that the enema could not be given. A digital examination of the rectum revealed an enlargement of the prostate to the size of a small orange, apparently occupying the whole space from the pubes to the sacrum. This condition had prevented the successful use of the syringe. No fluctuation could be felt, and the whole mass was hard and tender. The fundus of the bladder could be felt within two inches of the umbilicus. The tongue was brown and dry. The pulse was 120 and intermitting.

After a third careful and patient, but still unsuccessful, effort to catheterize, I proceeded, without further delay, to use the aspirator. Having used a common quart bottle for an air-chamber, with my largest needle in position, I pushed it through the tissues in the linea alba, immediately above the pubes, directing the point downward and backward into the bladder, when I had the satisfaction of seeing the urine flow in a steady stream. When the bottle was about half full, and afterward, a few strokes of the piston were needed, until the whole amount was removed, in all about thirty-two ounces.

The old man raised his hands in ecstasy, declared the operation less painful than that by the catheter, and that he never felt better in his life. During the following day, the urine was voided voluntarily, in small quantities, but soon ceased, and the operation was again resorted to, with the same favorable results. During a period of ten days, the aspirator was used five times, when nature resumed her work, and I dismissed my patient, in as comfortable condition as for the past two years.

In the aspirator, we have a valuable aid in the treatment of certain attacks of the urethra and prostate, by giving perfect rest and freedom from all irritation resulting from instrumental interference.

GEORGE JEWETT, M.D.

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**Medical Miscellany.**

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DR. WILSON FOX has been appointed Physician in Ordinary to their Royal Highnesses, the Duke and Duchess of Edinburgh, the much-talked of bridal pair.

**HORSERADISH FOR THE STONE.**—"Met Mr. Parziter, and he would needs have me drink a cup of horseradish ale, which he and a friend of his, troubled with the stone, have been drinking of."—*Pepys's Diary*, vol. ii. p. 149.

**FLORIDA STATE MEDICAL SOCIETY.**—A preliminary meeting was convened at Jacksonville, on the 14th of January, for the purpose of organizing a State Medical Society. The meeting was attended by a large number of medical men, and a list of officers was chosen for the ensuing year.

**HYPODERMIC SYRINGE AND ABSCESES.**—Dr. Squibb calls attention to the liability to the production of abscess by the use of a hypodermic syringe which has been used in septic cases. Abscesses, almost indefinite in number, may be produced in this manner, unless the syringe is properly cleansed by submitting the needle to the flame of a spirit-lamp.

**THE GROUSE DISEASE.**—At a recent meeting of the Pathological Society of London, Dr. Cobbold exhibited a specimen of *strongylus*, which, he affirmed, was the cause of grouse disease. The parasites inhabited chiefly the cæcum of the bird, and, when they abound, the grouse is reduced to a mere skeleton, being almost unable to fly.—*British Medical Journal*.

**DEATHS AMONG CHILDREN FROM OVERLYING.**—During the first three weeks of the present year, the startling number of seven deaths occurred in Glasgow among young children from overlying by their parents. In every one of these cases, the intemperance of the parents had apparently been the cause of the death of the children.

**TRANSFUSION.**—An English practitioner, Dr. Highmore, suggests, in view of the necessity of prompt action in post-partum hæmorrhage and of the scarcity of suitable subjects from whom to take the required supply of blood, that the hæmorrhagic blood of the woman might be made available, by defibrinating and warming it before its injection.—*Lancet*.

**ARSENICAL GREEN** appears, according to the *Lancet*, to be a favorite color with the people of Greenock. Most of the houses in the town are papered or painted green, the coloring matter being so loosely laid on that very slight rubbing will remove a powder consisting mainly of arsenic. Last Christmas, a cake, in which was imbedded a green card inscribed "For the bairnies," was seized at a baker's. The card was coated with sugar, and was found, on analysis, to contain 7.04 grains of arsenious acid.

**BANDAGING IN ACUTE RHEUMATISM.**—Dr. Oehme, in the *Archiv für Heilkunde*, recommends immovable bandages in acute rheumatism, thus securing perfect rest. He relates his experience of this means of treatment in forty-five cases. After comparison with various means of treatment employed in forty-five other similar cases, Dr. Oehme stated the following results in favor of the bandage system:—1. The pain is considerably lessened. 2. The duration of the fever is much shortened. 3. The duration of the whole attack is considerably abbreviated.—*Medical and Surgical Reporter*.

**DISLOCATION OF BOTH ENDS OF THE CLAVICLE.**—A coachman, aged 32, was endeavoring to open a gate to allow a cart to pass, but was struck by the shaft upon the back of the right shoulder, whilst his left was fixed against the gate-post, by which movement the sternal end of the right clavicle was dislocated forwards, and the acromial carried backwards and upwards. The accident is of extreme rarity, there being, perhaps, not more than four or five cases on record.—*British Medical Journal*, Jan. 24, 1874.

At a special meeting of the Franklin County (Vt.) Medical Society, the following resolutions were unanimously adopted:—

*Resolved*, That this Society has heard with profound regret of the death of Dr. R. C. M. Woodward, one of its old and respected members.

*Resolved*, That we cherish his memory as that of an earnest and diligent worker in the promotion of medical science and in the advancement of the healing art.

*Resolved*, That our long association with him has deepened our conviction of the excellence of his character as a faithful and conscientious physician, as a true and warm-hearted friend, and as a pure and upright man in all the relations of life.

*Resolved*, That we sympathize with his family in their bereavement, and, as a mark of respect, will attend his funeral in a body.

*Resolved*, That a copy of these resolutions be forwarded by the Secretary to the family of the deceased, and that they be published in the Boston Medical and Surgical Journal and in the St. Albans daily papers.

*Resolved*, That a copy of these resolutions be transmitted to the secretary of the Vermont Medical Society and the St. Albans Village Medical Association, of which Societies he was also a member.

GEO. DUNSMORE, M.D., *Secretary*. S. S. CLARK, M.D., *President*.

**VERY HIGH TEMPERATURE IN RHEUMATISM.**—Dr. R. Macnab, of Bury St. Edmunds, reports a case of extraordinary high temperature in this disease. "From the first day of the attack the temperature never fell below 101.8°, and did not exceed 103.4° till the ninth day of the fever, when the perspiration suddenly ceased. The following is the record of temperature during this last day:—

10, A.M.	-	-	-	-	-	-	-	-	-	104.7°
4, P.M.	-	-	-	-	-	-	-	-	-	105.4°
5.30, P.M.	-	-	-	-	-	-	-	-	-	107.6°
6.30, "	-	-	-	-	-	-	-	-	-	108.8°
7.33, "	-	-	-	-	-	-	-	-	-	111.4°

The thermometers used were made and certified as correct by Casella."

#### NOTES AND QUERIES.

"SIMILIA SIMILIBUS CURANTUR."—The latest homœopathic remedy for diabetes mellitus is said to be a decoction of the *Lathyrus odoratus*, or *sweet-pea*.

MESSRS. EDITORS,—I have been a good deal annoyed by the washing or rubbing out of the blacking in the divisions of my thermometer; my Casella does not stand in this respect. Rubbing the scale with a black-lead pencil will restore the marks perfectly, but they are not permanent. I have tried covering them with "photographic varnish" (collodion, I believe), but this soon becomes opaque. Can you tell me of anything better than the black-lead pencil?

W.

**MORTALITY IN MASSACHUSETTS.**—Deaths in thirteen Cities and Towns for the week ending February 21, 1874.

Boston, 143; Worcester, 13; Lowell, 15; Milford, 3; Chelsea, 8; Cambridge, 14; Salem, 13; Lawrence, 11; Springfield, 9; Lynn, 12; Newburyport, 6; Fall River, 19; Holyoke, 4. Total, 270.

*Prevalent Diseases.*—Consumption, 49; pneumonia, 32; scarlet fever, 21.

GEORGE DERBY, M.D.,  
Secretary of the State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, Feb. 28th, 132. Males, 62; females, 70. Accident, 3; apoplexy, 6; inflammation of the bowels, 1; disease of the bladder, 1; bronchitis, 4; inflammation of the brain, 1; congestion of the brain, 1; disease of the brain, 4; cancer, 2; cerebro-spinal meningitis, 1; consumption, 22; convulsions, 4; debility, 5; diarrhoea, 1; dropsy of the brain, 3; dysentery, 1; erysipelas, 2; scarlet fever, 5; typhoid fever, 5; remittent fever, 2; gastritis, 2; disease of the heart, 6; indigestion, 1; intemperance, 1; disease of the kidneys, 3; inflammation of the lungs, 19; marasmus, 1; malnutrition, 1; noma, 1; old age, 5; premature birth, 5; peritonitis, 3; puerperal disease, 5; pyæmia, 1; rheumatism, 1; "stomach disease," 1; tumor, 1; whooping cough, 1. Under 5 years of age, 49; between 5 and 20 years, 13; between 20 and 40 years, 28; between 40 and 60 years, 16; over 60 years, 26. Born in the United States, 97; Ireland 24; other places, 11.